

Federal Acquisition Regulation

53.303–254—53.303–347

standard form numbers (e.g., Standard Form 18 appears as 53.301–18).

53.301–18—53.301–1449 Illustration of standard forms.

EDITORIAL NOTE: The forms appearing in sections 53.301–18 through 53.301–1449 follow the text of this subpart.

53.302 Optional forms.

This section illustrates the optional forms that are specified by the FAR for use in acquisitions. The numbering system is as indicated in 53.301.

53.302–17—53.302–1419A Illustration of optional forms.

EDITORIAL NOTE: The forms appearing in sections 53.302–17 through 53.302–1419A follow the text of this subpart.

53.303 Agency forms.

This section illustrates agency forms that are specified by the FAR for use in acquisitions. The forms are arranged numerically by agency. The numbering system is as indicated in 53.301.

53.303–254—53.303–347 Illustration of agency forms.

EDITORIAL NOTE: The forms appearing in sections 53.303–DD–254 through 53.303–WH–347 follow the text of this subpart.

53.301-18

48 CFR Ch. 1 (10-1-13 Edition)

53.301-18 SF 18 (Rev. 6/95), Request for Quotations.

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE	OF	PAGES
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT FOR NAT. DEF. UNDER DDSA REG. 2 AND/OR DMS REG. 1	5. RATING		
6a. ISSUED BY			6. DELIVER BY (Date)			
6b. FOR INFORMATION CALL (NO COLLECT CALLS)						
NAME		TELEPHONE NUMBER		7. DELIVERY		
AREA CODE		NUMBER		<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <small>(See Schedule)</small>		
8. TO			9. DESTINATION			
a. NAME		b. COMPANY		10. NAME OF CONSIGNEE		
c. STREET ADDRESS			b. STREET ADDRESS			
d. CITY			c. CITY			
e. STATE		f. ZIP CODE		d. STATE		
e. CITY		f. ZIP CODE		e. ZIP CODE		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE BY BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on the form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotations must be completed by the quote.						
11. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
(a)	(b)	(c)	(d)	(e)	(f)	
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
		NUMBER	PERCENTAGE			
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.						
13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION			15. DATE OF QUOTATION	
a. NAME OF QUOTER		16. SIGNER			b. TELEPHONE	
b. STREET ADDRESS					AREA CODE	
c. COUNTY					NUMBER	
d. CITY						
e. STATE		f. ZIP CODE		c. TITLE (Type or print)		
<div style="display: flex; justify-content: space-between;"> AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable STANDARD FORM 18 (Rev. 6-95) Prescribed by GSA - FAR (48 CFR) 53.215-1(a) </div>						

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